

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

## **I. DISPUTE**

1. a. Whether there should be reimbursement for spinal surgery.
- b. The request was received on March 7, 2002

## **II. EXHIBITS**

1. Requestor:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFA's
  - c. EOB
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent:
  - a. TWCC 60 and/or Response to a Request for Dispute Resolution
  - b. HCFA's
  - c. Audit summaries/EOB
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's additional information to the insurance carrier on August 29, 2002. The carrier representative signed for the copy on August 30, 2002. The respondent has not submitted a response to the additional information.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

### III. PARTIES' POSITIONS

1. Requestor: The requestor did not submit a position statement
2. Respondent: Response not submitted.

### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date (s) of service eligible for review are those commencing on December 18, 2001 and extending through December 19, 2001.
2. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
12/18/01 through 12/19/01	99223	\$250.00	\$0.00	A, U	\$150.00/day	MFG, E/M Ground Rule(VIII)(D)  CPT Descriptor	Preauthorization is not required for Requestor has not submitted clinical notes documenting a comprehensive exam; medical decision making of high complexity; and counseling and/or coordination of care with other providers supporting the medical necessity; therefore reimbursement is not recommended.
12/18/01 through 12/19/01	63030	\$6,000.00	\$0.00	A, U	\$3,035.00	Rule 133.301 Rule 133.206(b)(3)	Requestor has submitted a letter of preauthorization for spinal surgery from the Commission dated 12/4/01 which states that "This letter is your preauthorization for spinal surgery..." establishing the medical necessity for the spinal surgery. Therefore, per referenced rules, reimbursement in the amount of \$3,305.00 is recommended.
12/18/01 through 12/19/01	99238	\$125.00	\$0.00	A, U	\$48.00	MFG, E/M Ground Rules (IV)(A)	CPT Codes does not require preauthorization. Discharge report not submitted; therefore medical necessity could not be established and reimbursement is not recommended.

12/18/01 through 12/19/01	99080	\$50.00	\$0.000	A, U	DOP	CPT Descriptor	This CPT code does not require preauthorization and is used for special reports such as insurance forms, more than the information conveyed in the usual medical communications or stand reporting form. Requestor did not submit a copy of a special report or form; therefore, medical necessity could not be established and reimbursement is not recommended.
<b>Totals</b>		\$6,425.00	\$0.00				The Requestor is entitled to reimbursement in the amount of <b>\$3,035.00</b>

The above Findings and Decision are hereby issued this 18<sup>th</sup> day of September 2002.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

## VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$3,035.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

This Order is hereby issued this 18<sup>th</sup> day of September 2002.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/mf